

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/539781

FILING DATE

APPLICANT(S)

6/17/05 11/14/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2			/		/	
3			/		/	
4			/		/	
5			/		/	
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50						
TOTAL IND.			1			
TOTAL DEP.			16			
TOTAL CLAIMS			17			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						